

2015 Federal Employees Health Benefit Plan Premium Rates-12 Month

The premium rates listed below are for employees hired before 10/01/1987 and entitled to participate in the Federal Health Benefit Plan (FEHB). This includes ET-15 teachers who work 10 months of the year but are paid over 12 months.

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
AETNA OPEN ACCESS HIGH OPTION			
Self	JN1	\$ 224.77	\$ 487.00
Family	JN2	\$ 507.40	\$ 1099.37
AETNA OPEN ACCESS BASIC OPTION			
Self	JN4	\$ 66.47	\$ 144.02
Family	JN5	\$ 148.63	\$ 322.03
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP) – NEW PLAN			
Self	F51	\$ 70.00	\$ 151.67
Family	F52	\$ 169.13	\$ 366.45
AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	F54	\$ 60.87	\$ 131.89
Family	F55	\$ 138.24	\$ 299.52

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
APWU HEALTH PLAN HIGH OPTION			
Self	471	\$ 64.67	\$ 140.12
Family	472	\$ 146.23	\$ 316.83
APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	474	\$ 46.31	\$ 100.34
Family	475	\$ 104.18	\$ 225.73

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
BLUE CROSS BLUE SHIELD STANDARD			
Self	104	\$ 91.03	\$ 197.23
Family	105	\$ 213.31	\$ 462.17
BLUE CROSS BLUE SHIELD BASIC			
Self	111	\$ 63.40	\$ 137.38
Family	112	\$ 148.46	\$ 321.67

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
CAREFIRST BLUECHOICE HIGH OPTION			
Self	2G1	\$ 107.38	\$ 232.66
Family	2G2	\$ 247.44	\$ 536.12

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
GEHA BENEFIT PLAN HIGH OPTION			
Self	311	\$ 94.25	\$ 204.21
Family	312	\$ 225.23	\$ 488.00
GEHA BENEFIT PLAN STANDARD OPTION			
Self	314	\$ 49.04	\$ 106.26
Family	315	\$ 111.53	\$ 241.65
GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	341	\$ 50.87	\$ 110.21
Family	342	\$ 116.18	\$ 251.72

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
KAISER FOUNDATION HEALTH PLAN HIGH OPTION			
Self	E31	\$ 77.93	\$ 168.85
Family	E32	\$ 195.30	\$ 423.15
KAISER FOUNDATION HEALTH PLAN STANDARD OPTION			
Self	E34	\$ 45.38	\$ 98.33
Family	E35	\$ 104.37	\$ 226.14

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
MAIL HANDLERS BENEFIT PLAN VALUE OPTION			
Self	414	\$ 56.86	\$ 123.20
Family	415	\$ 135.56	\$ 293.71
MAIL HANDLERS BENEFIT PLAN STANDARD OPTION			
Self	454	\$ 92.65	\$ 200.74
Family	455	\$ 225.79	\$ 489.21
MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION			
Self	481	\$ 64.22	\$ 139.15
Family	482	\$ 145.52	\$ 315.30

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
MDIPA HIGH OPTION			
Self	JP1	\$ 112.54	\$ 243.84
Family	JP2	\$ 276.73	\$ 599.58

TYPE	ENROLLMENT CODE	2015 BIWEEKLY PREMIUM	2015 MONTHLY PREMIUM
NALC			
Self	321	\$ 76.94	\$ 166.70
Family	322	\$ 155.70	\$ 337.35